STATEMENT OF INTERESTS



## Non General Assembly Members

INSTRUCTIONS: This form is used to report interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.). Disclosure statements must be filed by January 31 for officeholders required to file this statement, no later than thirty (30) days following qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointment.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Sulte 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals seeking elected city or county office must file their statements with their local county election commission.

Officeholders may complete items 1- 4 and skip to item 12 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in Item 13. Attach additional pages as necessary.

NOTE: An amended Statement of Interests must be filled whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

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1. DATE OF DISCLOSURE	2. NAME OF OFFI	CIAL OR CANDIDATE		7-1-10 PM   1- 00	Aur_
12/14/06	Richard	E. Morton			
3. ADDRESS AND PHONE	Street or Rural Roule		State	Zip Code	Phone
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A TITLE OF OFFICE HELD	D OR SOUGHT (Include district	MEMPHIS	1 IV	30112	700-170
		number, il applicable)			100
TN House	Dist. 92				
5. SOURCES OF INCOME	: List major source(s) of priva	te income of more than \$1,000	and that of your sp	ouse or minor chil	d residing will you
	come" include, but are not limi	ited to, offices, directorships an	d salaried employn	ients. No dollar a	mounts need to be
staled.					
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. INVESTMENTS: List any	investment by you, your spous	se or minor children residing will (5%) of the total capital. The na	th you in any corpo	ration or other bus	iness organization
o dollar amounts or percen	lages of the investment need to	be stated. Altach additional p	ages II needed	or or organication	meet be noted bet
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is done. Explain the terms of any such employment and the	se or minor children residing with you hold any interest for whom compensated lobbying measures to be supported or opposed.
	)
s. PROFESSIONAL SERVICES: List in general terms (by a fan attorney, accountant or architect, are furnished by you	areas of the client's interests) the entities to which professional services, such as thos u or your spouse.
	The who is in the second of th
. RETAINER FEES: List any retainer fee you receive from fluencing or attempting to influence directly or indirectly, the egislative committees or the members thereof.	any person, firm or organization who is in the practice of promoting or opposing, e passage or defeat of any legislation before the Tennessee General Assembly, the
BANKRUPTCY: List any adjudication of bankruptcy or of this report.	discharge received in any United States district court within five (5) years of the dat
alendar year to you, your spouse or minor children residing  (1) From your immediate family (spouse, parent, sibling, or  (2) From a federally insured financial institution or made in a  The loan must bear the usual and customary rate or instrument and subject to a due date or amortization s  (3) Secured by a recorded security interest in collateral, be assures repayment, evidenced by a written instrumen  (4) From a partnership in which you have at least ten per	accordance with existing law in the ordinary course of doing business of making loans of Interest, be made on a basis which assures repayment, evidenced by a writter schedule. earing the usual and customary interest rate of the lender and made on a basis which at and subject to a due date and amortization schedule.
2. NO CHANGES ITEMS 5 - 11 (Check If applicable):	
There has been no change in conditions listed in	n items 5 - 11 since my previous report.
B. TO BE SIGNED BY RIEPORTING OFFICIAL OR CANDI	DATE (must be attested to by witness)
I certify that the information contained in this disclosure if am required to disclose by the Conflict of Interest Dis	statement is true and that it is a complete and accurate report of all matters that sclosure Act.
Signature of Official or Carrolidate	17/14/06 Date
I, the undersigned, do mereby whoreas the above signa	ature which was signed in my presence.
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